Survey of Facilities with a Certified Occupational Safety and Health Management System (OHSMS)

Note: Questions in **black** were taken from OSHA's 2011 *National Survey of Safety and Health Practices Baseline Survey*, a statistical survey of occupational safety and health policies and practices among private sector establishments in non-agricultural industries. These questions have been vetted and asked in a prior approved OMB survey (OMB Approval 1218-0263). Asking these questions will allow us to compare the responses of establishments with a certified OHSMS in place to responses from a statistical sample of all establishments.

Questions on **blue** are new and were developed for this project specifically.

General Information

This survey is intended for organizations that have implemented an occupational safety and health management system (or OHSMS) and have had that system certified under a voluntary consensus standards such as OHSAS 18001, ISO 45001 or ANSI/ASSP Z10.

1. **Are you responsible for implementing or overseeing the certified OHSMS where you work?**

    ___YES
    ___NO {Ask respondent to forward to another person}

    [If you answered NO because you are not the person responsible for implementing the OHSMS, please forward the survey link to that individual.]

2. **Has your organization's OHSMS been certified by an accredited certification body?**

    ___ YES
    ___ NO {Exit Survey}
    ___ Don't Know {Exit Survey}

3. **Which of the following standards have you been certified to?**

Standard	NO, we have never been certified to this	YES, we have been certified to this	Certification Period		
			Initial Certification (Month/Year)	To (Month/Year)	
ISO 45001	☐	☐	___ / _____	___ / _____	☐ Not sure when
OHSAS 18001	☐	☐	___ / _____	___ / _____	☐ Not sure when
ANSI/ASSP Z10	☐	☐	___ / _____	___ / _____	☐ Not sure when
Responsible Care	☐	☐	___ / _____	___ / _____	☐ Not sure when
OSHA VPP	☐	☐	___ / _____	___ / _____	☐ Not sure

					when
CSA Z1000-06 (Canada)	□	□	___ / _____	___ / _____	□ Not sure when
Other: [list] _____	□	□	___ / _____	___ / _____	□ Not sure when

4. **What does the scope of your OHSMS certificate cover? (Select the one that best describes your OHSMS.)**

    __ The single and only location owned by my organization
    __ A single location that is part of a larger organization
    __ Multiple locations as part of a larger organization
    __ All locations owned by a larger organization

5. **Is your organization owned domestically (U.S.) or by a foreign organization?**

    ___ Domestic
    ___ Foreign

6. **How many full-time employees are covered by the scope of the OHSMS certificate?**

    __ 2 to 10 employees
    __ 11 to 49 employees
    __ 50 to 100 employees
    __ 101 to 249 employees
    __ 250 to 500 employees
    __ more than 500 employees
    __ Don't Know/Not Sure

7. **Which of the following industrial sectors best corresponds to the operations covered by your OHSMS certificate?**
    (Please Select One)

    _____ Mining, Quarrying, and Oil and Gas Extraction
    _____ Utilities
    _____ Construction
    _____ Manufacturing
    _____ Wholesale Trade
    _____ Retail Trade
    _____ Transportation and Warehousing
    _____ Information Technology and Services
    _____ Finance and Insurance
    _____ Real Estate and Rental and Leasing

_____ Professional, Scientific, and Technical Services
_____ Management of Companies and Enterprises
_____ Administrative and Support Services
_____ Waste Management and Remediation Services
_____ Educational Services
_____ Health Care and Social Assistance
_____ Arts, Entertainment, and Recreation
_____ Accommodation and Food Services
_____ Other Services (except Public Administration)
_____ Public Administration

8. **If you know the 5- or 6-digit NAICS code that corresponds to the operations covered by your OHSMS certificate, please provide it. If not, please provide a description of these operations so we can assign an appropriate NAICS code.**
_____ NAICS Code

_____ Description of operations

Hazards

9. **Below is a list of possible sources of workplace injury or illness. Please read through the list and check off any hazard that is a potential safety or health issue at your organization or that has been addressed through your safety and health rules or policies.**

__ Use of, or malfunction of, equipment or machines
__ Falls from elevation
__ Falls on the same level—trips or slips
__ Exposure to toxic substances, hazardous waste, radioactive substances, or toxic gases
__ Excessive noise
__ Motor vehicle accidents
__ Exposure to extreme heat or cold
__ Exposure to viruses, microbes or other infectious substances [Do NOT check if exposure is limited to coworkers or customers with colds, influenza, coronavirus (COVID-19), or other such illnesses.]
__ Increased risk of exposure to coronavirus (COVID-19)
__ Lifting heavy loads
__ Repetitive stress injuries or musculoskeletal disorders
__ Fires or explosions
__ Workplace violence, either by employees or nonemployees
__ Work in permit-required confined spaces (such as tanks, vessels, silos, storage bins, hoppers, vaults, pits, manholes, tunnels, equipment housings, ductwork, pipelines)
__ Work with explosives
__ Flying particles or debris
__ Electric shock

__ Lockout/tagout hazards [CHECK IF YOU HAVE A LO/TO PROGRAM]
__ Materials handling hazards
__ Hazardous materials (combustible or flammable liquids or gases)
__ Compressed gases
__ Hazardous waste handling
__ Biological hazards or needlesticks
__ Combustible dust
__ None of the above
__ Other
__ Don't Know/Not Sure

Questions on Certification

As we mentioned at the start of this survey, we are interested in your responses because your organization implemented a certified Occupational Safety and Health Management System, or OHSMS. The next few questions ask about your OHSMS.

10. **What was the initial motivation for your organization to implement an OHSMS? PLEASE CHECK ALL THAT APPLY.**
    __ To improve health and safety in our workplace
    __ In response to a serious incident or close call
    __ To facilitate compliance with federal or state regulations
    __ OSHA or state citation and/or fine
    __ To be eligible for a program providing worker's compensation premium reductions.
    __ To keep other expenses low (e.g., health insurance, liability)
    __ Required by a corporate parent (domestic)
    __ Required by a corporate parent (international)
    __ Required by one or more clients/customers
    __ Required by one or more host employers
    __ Required by one or more investors
    __ To gain public recognition by OSHA, a state OSH agency, an industry group, etc.
    __ To help integrate safety and health into overall business operations
    __ To help manage a multi-establishment corporation
    __ Other
    __ Don't Know/Not Sure

11. **Does your OHSMS cover employees of temporary agencies that work on site at your organization?**
    ___ Yes
    ___ No
    ___ Not sure

12. **Does your OHSMS cover contractor employees that work on site at your organization?**
    ___ Yes
    ___ No

___ Not sure

13. **What elements does your OHSMS cover? PLEASE CHECK ALL THAT APPLY.**
    __ Management commitment and resources
    __ Employee participation
    __ Occupational health and safety policy
    __ Goals and objectives
    __ Performance measures
    __ System planning and development
    __ OHSMS manual and procedures
    __ Training system
    __ Hazard control system
    __ Rewards or incentives for reduced injury/illness cases or rates
    __ Preventive and corrective action system
    __ Post-incident drug testing
    __ Procurement and contracting
    __ Communication system
    __ Evaluation system
    __ Continual improvement
    __ Integration of safety and health into the organization's business practices
    __ Management review

14. **In what year did your organization <u>first</u> begin work implementing your OHSMS? (Note: this should be before you were certified)**

    _____ (Year)
    __ Not sure

15. Did any of the following resources help you put your OHSMS in place and, if so, how helpful were those resources?

Resource	We did not use this	We did use it and it was...			
		Not helpful	Somewhat helpful	Very helpful	Not sure
OSHA Consultation	☐	☐	☐	☐	☐
Private consultant	☐	☐	☐	☐	☐
Formal training	☐	☐	☐	☐	☐
Guidance document (non-OSHA)	☐	☐	☐	☐	☐
Insurance company	☐	☐	☐	☐	☐
Professional association	☐	☐	☐	☐	☐
Other: [Describe] _____ _____ _____		☐	☐	☐	☐

16. Based on your best estimate, what was the total effort spent *implementing* your OHSMS (excluding the of certification itself)?
___ < $5,000
___ $5,000 to $10,000
___ $10,000 to $25,000
___ $25,000 to $50,000
___ $50,000 to $100,000
___ $100,000 to $250,000
___ >$250,000
____ Not sure

17. Based on your best estimate, what was the total initial cost to *certify* your OHSMS?
___ < $5,000
___ $5,000 to $10,000
___ $10,000 to $25,000
___ $25,000 to $50,000
___ $50,000 to $100,000
___ $100,000 to $250,000
___ >$250,000
____ Not sure

18. Did you hire consultants to assist in implementing your OHSMS?
    ___ Yes [Go to Q19]
    ___ No [Skip to Q20]
    ___ Not sure [Skip to Q20]

19. What was the cost incurred to hire the consultants?

    __ < $5,000
    __ $5,000 to $10,000
    __ $10,000 to $25,000
    __ $25,000 to $50,000
    __ $50,000 to $100,000
    __ $100,000 to $250,000
    __ >$250,000
    ___ Not sure

20. To what extent do you agree with the following statements?

Statement	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree	Not sure
The process of implementing an OHSMS was easy						
The process of obtaining certification of our OHSMS was easy						
I would recommend that other companies obtain certification of their OHSMS						

If respondent indicates "agree" or "strongly agree" to "I would recommend that other companies obtain certification of their OHSMS", ask this question:

You indicated that you would recommend obtaining certification to other companies. Are there specific reasons why?

{open-ended}

If respondent indicates "disagree" or "strongly disagree" to "I would recommend that other companies obtain certification of their OHSMS", ask this question:

You indicated that you would not recommend obtaining certification to other companies. Are there specific reasons why?

{open-ended}

Resources

21. How many individuals in your organization have primary responsibility for employee safety and health?

___ employees

22. Is there a separate line item in the operational budget of your organization for safety and health?

___ Yes

___ No

___ Not sure

Other Certifications

23. Does your company hold any of the following other *management system* certifications?

Standard	NO, we don't have this	YES, we have this	We obtained initial certification in:	
Quality (ISO 9001)	☐	☐	Year:	☐ Not sure when
Environment (ISO 14001)	☐	☐	Year:	☐ Not sure when
Other: {list} _____	☐	☐	Year:	☐ Not sure when
Other: {list} _____	☐	☐	Year:	☐ Not sure when
Other: {list} _____	☐	☐	Year:	☐ Not sure when

Safety Practices

Now we would like to find out about safety and health policies and practices at your organization.

24. Please check each statement below that applies to your company.

___ Employee safety is mainly provided by initial and annual refresher training.

___ New hires work with experienced employees who train them in safe practices.

___ Our employees perform administrative (white collar) and managerial work; we don't really provide safety and health training.

___ Supervisors hold regular safety meetings with employees.

___ Managers, supervisors and/or workers receive incentives (I.e. cash bonuses, non-cash awards, recognition, or celebrations) based on injury/incident rates.

___ We have an injury, illness, incident and near miss reporting system.

__ We encourage reporting and take steps to ensure employee reports of injuries and incidents do not result in retaliation or discipline or are otherwise discouraged.
__ We investigate all incidents to determine root causes.
__ We administer post-incident drug tests after injuries, illnesses or near misses.
__ We regularly inspect all workstations to detect/identify hazards.
__ We have a safety and health committee.
__ We have consultants, safety experts, or industrial hygienists assess safety and health conditions at our workplace(s).
__ Our insurance company helps provide safety and health expertise.
__ None of the above.

25. **How does your organization approach correcting hazards?**
    PLEASE CHECK ALL THAT APPLY.

    __ Hazards are corrected in response to an incident.
    __ Hazards are corrected when there is a near miss or an event that could result in injury.
    __ Hazards are corrected when work methods seem inadequate or employee training seems inadequate.
    __ Hazards are corrected when an employee reports observing them.
    __ Hazards are corrected as the need arises or as a hazard comes to our attention.
    __ Hazards are corrected as part of our reviews of production processes or work activities.
    __ We have a budget for correcting hazards each year, which depends on priorities and the hazards identified.
    __ Other
    __ Don't Know/Not Sure

26. **Who is involved in conducting investigations of safety-related incidents or near misses?**
    DO NOT CHECK IF THE PERSON'S INVOLVEMENT IS LIMITED TO BEING INTERVIEWED OR ASKED FOR INFORMATION, AS WITH A WITNESS TO THE EVENT.
    PLEASE CHECK ALL THAT APPLY.

    __ The manager responsible for safety and health
    __ The supervisor responsible for the area where the incident occurred
    __ Workers in the area where the incident occurred
    __ The safety committee
    __ Top management
    __ Other _____

27. **Do you have regular safety meetings, such as when a new job is begun, lunch box meetings, or monthly sessions?**
    ___ Yes
    ___ No
    ___ Don't Know/Not Sure

28. **Below are examples of strategies that some organizations use to address workplace safety and health issues. For each activity, please which, if any, are used at your organization.**

Does your company...	Yes	No	Don't Know
Designate one individual with authority over the safety and health program?			
Assign and communicate safety program-related roles, responsibilities, and authority to *all* managers, supervisors, and employees?			
Provide information, training, and resources so that all employees understand and can fulfill their program-related responsibilities?			
Have drills for emergency situations?			
Investigate incidents (injuries, illnesses, fatalities)?			
Involve employees in conducting incident investigations?			
Investigate near-misses?			
Perform regular workplace hazard inspections at least annually?			
Identify and assess hazards associated with changes in processes or equipment before the changes or new equipment are introduced?			
Identify hazards associated with emergency situations?			
Have a system for prioritizing hazards for control based on the likelihood of the incident and severity of the impairment?			
Perform regular job hazard analysis?			
Have a written employee safety and health reporting system with follow-up investigations?			
Have a procedure for addressing hazards reported by employees?			
Perform regular written reviews of your organization's safety and health performance (e.g., review performance over the past year, evaluation of injury and illness performance on a regular basis, etc.)			
Have a joint employee and management safety and health committee?			
Have safety and health meetings (other than training and committee meetings) with employees?			
Regularly review or audit the operation of your safety and health system to ensure that your program is working the way it was intended?			

Safety Training

29. **How do workers receive safety and health training?**
    (PLEASE CHECK ALL THAT APPLY.)

    __ On the job training by a coworker
    __ On the job training by a supervisor
    __ Regular training in groups
    __ Lectures, seminars, or other presentations led by safety personnel
    __ Self-directed training via handouts, videos, pamphlets
    __ Computer-based training
    __ Other—PLEASE DESCRIBE_____

Assessing Certification Outcomes

30. With regards to your certified OHSMS, to what extent do you agree with the following statements?

Our certified OHSMS has...

Statement	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Not sure
Improved safety						
Reduced the number of injuries or illnesses						
Reduced workers compensation costs						
Increased productivity						
Reduced production/operational costs						
Increased profits						
Increased reporting of hazards and concerns by employees						
Reduced the number of "near misses"						
Improved employee morale						
Reduced employee turnover or improved retention						
Reduced employee absences						
Improved management-employee relations						
Improved safety culture						
Opened new business opportunities						
Improved our competitiveness						
Improved the quality of our product/service						
Greater integration of safety/health into business decisions and operations						
Expanded "ownership" of safety and health						
Improved our reputation in the community						
Improved our reputation in our industry						

[For each item where the respondent indicated they "Strongly Agree" with the statement in Question 30., they following type of question will appear]

The following set of questions ask you to elaborate on items in the previous question you "strongly agreed" with. If you can, please provide additional information or anecdotes that elaborate on how you feel for some or all of these. This type of information will assist us in better understanding real-world success stories.

31. **You indicated that you strongly agree that your OHSMS resulted in {item from Question 30.}, please provide additional details if you can.**

     {Open-Ended}

The following set of questions ask you to elaborate on items in the previous question you "strongly disagreed" with. If you can, please provide additional information or anecdotes that elaborate on how you feel for some or all of these. This type of information will assist us in better understanding real-world issues and concerns.

32. **You indicated that you strongly disagree that your OHSMS resulted in {item from Question 30.}, please provide additional details if you can.**

     {Open-Ended}

Survey of Facilities with a Certified Occupational Safety and Health Management System (OHSMS)

Impact of OHSMS on Coronavirus Pandemic Response

33. **To what extent do you agree or disagree with the following statements on whether your OHSMS helped your organization respond to the pandemic?**

Statement	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Not sure
Our OHSMS identified infectious diseases and external public health issues as a risk to our business.						
Our OHSMS included specific plans for responding to a pandemic						
Our OHSMS helped us identify and access resources we needed to respond to the pandemic						
Our OHSMS helped us decide whether to continue some or all of our operations during the pandemic						
Our OHSMS helped us monitor and respond to worker concerns about the impact of the pandemic in the workplace						
Our OHSMS helped us monitor and respond to worker concerns about the broader impact of the pandemic (e.g., on their family)						
Worker input improved our ability to respond to the pandemic.						
Our OHSMS helped us communicate throughout our organization during the pandemic.						
Our OHSMS helped operate more safely during the pandemic						
Our OHSMS helped us operate more safely when our facilities re-opened.						

34. **To what extend was your organization's OHSMS helpful in anticipating and responding to the pandemic?**

___ We did not use it
___ Not helpful
___ Somewhat helpful
___ Very helpful
___ Not sure

35. **Are there any specific aspects of your OHSMS that assisted your organization in responding to the pandemic?**

    {Open-Ended}

36. **Does your organization require contractors/suppliers to provide information on their safety and health program and performance (e.g., injury and illness rates) when submitting bids or quotes?**

    ___ Yes [Go to Q37]
    ___ No [Go to Q38]

37. **If yes, are you more likely to engage a contractor/supplier who has a certified OHSMS?**

    ___ Yes
    ___ No

We are also interested in understanding how having a certified OHSMS affects injuries and illnesses. To do this, we need information from your OSHA 300 log that is required to be filled out each year. We recognize this will take some time but having this information would be valuable to DOL in understanding the effect that OHSMS's have on injury and illness rates.

38. In the table below, please provide as many years of data as possible. To assist you, we have referred to areas of the OSHA Form 300A form that contains the necessary information.

Year	Total Hours Worked by All Employees (Under "Employment Information" on your 300A)	Total Number of Deaths (Line G on your 300A)	Total Number of Cases with Days Away from Work (Line H)	Total Number of Cases with Job Transfer or Restriction (Line I)	Total Number of Other Recordable Cases (Line J)
2012					
2013					
2014					
2015					
2016					
2017					
2018					
2019					

OSHA's Form 300A (Rev. 04/2004)

Summary of Work-Related Injuries and Illnesses

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader.

Year 20___

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of . . .
(M)

(1) Injuries 0
(2) Skin disorders 0
(3) Respiratory conditions 0
(4) Poisonings 0
(5) Hearing loss 0
(6) All other illnesses 0

Establishment information

Your establishment name _____

Street _____

City _____ State _____ Zip _____

Industry description (e.g., Manufacture of motor truck trailers) _____

North American Industrial Classification (NAICS), if known (e.g., 336212) _____

Employment information (If you don't have these figures, see the Worksheet on the next page to estimate.)

Annual average number of employees _____

Total hours worked by all employees last year _____

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive _____ Title _____

Phone _____ - _____ - _____ Date ___ / ___ / ___

Save Input

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

In addition to understanding your injury and illness history, we also would like information on your workers' compensation experience.

39. In the table below, please provide as many years of workers' compensation data as possible.

Year	Number of Claims	Value of Claims ($1,000s)	Experience Modification Rate (EMR)
2012			
2013			
2014			
2015			
2016			
2017			
2018			
2019			